2003 Annual Report

FFY 2003 PART C ANNUAL PERFORMANCE REPORT

Introduction

Kentucky's Part C Program, First Steps, officially changed Departmental oversight on July 1, 2004. On March 1, 2004 the Cabinet for Health Services, now know as Cabinet for Health and Family Services, announced that the daily operations of the First Steps program would remain with the Commission for Children for Special Health Care Needs (CCSHCN), but the authority was being moved to the Department for Public Health (DPH). From March 1, 2004 until June 30, 2004, the CCSHCN carried out the daily functions of the program while the staff in the Department for Public Health oversaw those activities and quickly learned the program mandates. Then on July 1, 2004 the Department for Public Health, Division for Adult and Child Health Improvement took over the daily activities as well as overall program management.

Prior to completely taking responsibility for the program, the DPH assembled a group of stakeholders to help redesign the Part C program in Kentucky. This stakeholder group included Parents, Part C Interagency Coordinating Council members, Higher Education representation, Kentucky Department of Education staff; Part C providers; Legislative Aides and Part C staff. This stakeholder group was charged with streamlining operations, exploring effective ways to provide services and to design ways to keep the First Steps program within its budget. Kentucky has traditionally overspent by several millions of dollars each year. The Administration moved the program, partly due to the budget problems, to make a last attempt at saving the program from termination. The stakeholder group met and adopted three guiding principles:

Children will receive the supports they need,

Families will receive the supports they need, and

We will stay within our budget.

This group looked at every aspect of the program and made recommendations, which resulted in some programmatic changes with others affecting the administration and its budget. These recommendations were instituted in the FFY 04.

Due to the immediate change in the administration, the fact that the program moved from a completely different city, the new staff's limited knowledge of the program and the distance barrier, the FFY 04 Annual Performance Report will attempt to address the performance during that time period. However, due to lack of records and no central office programmatic staff making the transition, Kentucky's annual report will present the data it can secure. In areas that data is not available from the required time period (July 1, 2003 - June 30, 2004), we will present activities and data available to show that in FFY 04 we are addressing the issue. OSEP will see where the previous administration did not include specific targets in their FFY 02 Annual Performance Report for this reporting period. They included the statement that the next administration would convene a stakeholder group to look at the Part C program and make changes. Please refer to the Work Group report (attachment Intro 1) for those recommendations.

In order to prepare the Annual Performance Report, Kentucky presented the APR document and instructions to the Interagency Coordinating Council (ICC) at their January 2005 meeting. The ICC members reviewed each cluster and probe, gave recommendations on data sources and overall information to address those items. This information was shared with the APR Core Team to use in the preparation of the report. In addition, the APR was shared with the ICC at their March 2005 meeting for final input and support.

Kentucky created an APR Core Team to facilitate the writing of the Annual Performance plan. This Core Team included the Parent Representation, Part C Coordinator, Part C Section Supervisor, Part C Data Manager, Part C Monitoring Coordinator and Field Staff, Provider Support Field Staff Representation and a staff person from Mid-South Resource and Referral Center.

Department for Public Health

First Steps Program Transition and Redesign

Briefing Paper

5/5/04

Issue: The transfer, redesign and change in organizational leadership of the First Steps Program from the Commission for Children with Special Health Care Needs (CCSHCN) to the Department for Public Health (DPH)/Division of Adult and Child Health (ACH).

Background: First Steps, Kentucky's Early Intervention Program, has been in existence since the first grant to the federal Office of Special Education (OSEP) in 1988. In 1994, Kentucky made the commitment to full program implementation when the General Assembly passed House Bill 804 and established KRS 200.650 – 200.676. This commitment charged Kentucky to serve children, birth to three years of age who have a suspected developmental delay or a medical condition known to cause a developmental delay. Upon acceptance of the federal grant funding, sixteen services must be made available based on the child and the family's individual needs. The First Steps Program provides these services. The First Steps grant is applied for annually through the federal Department of Education, Office of Special Education and is Part C of the larger federally mandated special education law called Individuals with Disabilities Education Act (IDEA). First Steps works closely with Kentucky's Department of Education (KDE) to transition the children leaving First Steps to the Preschool program administered by KDE and funded by OSEP, called Part B of IDEA.

First Steps originally was administered within the Department for Mental Health and Mental Retardation Services and was moved to the CCSHCN in 2001. This move was designed to streamline the services and use the existing CCSHCN programs to support First Steps. Several changes have been made to improve the

program regarding services and budget. First Steps makes the annual commitment to OSEP to serve all children that present with developmental delays. The program has been difficult to budget for actual services and expenditures. This has resulted in the First Steps program having budget overruns for many years.

On March 1, 2004, an Administrative Order signed by Cabinet for Health and Family Services (CHFS) Secretary, Dr. Holsinger, moved the administration of First Steps from the CCSHCN to DPH/ACH.

Redesign Process: Dr. Davis, Director, Division of ACH met with Eric Friedlander, Executive Director of the CCSHCN, and his staff to begin the transition process. Additionally, a policy and provider work group was established to address the transition and redesign of the First Steps program. This work group consisted of representatives from all areas of the First Steps program: DPH, Parents, Providers, Interagency Coordinating Council (ICC), LRC and administrative staff including both state and university personnel. This workgroup met, on March 16, 2004 and for one full day per week for six weeks. At their first meeting, the workgroup adopted a set of three guiding principles:

1.Children will receive quality services

2. Families will receive quality support services

3. The program will stay within budget

The workgroup asked others to join them at various points where issues needed more information and data. They concluded their work on April 20, 2004 with a commitment to support a set of recommendations (see attached). These recommendations are divided into three timelines:

#1 Immediate – Already implemented,

#2 Short Term – Implementation to begin by July 1, 2004,

#3 Long Term – Implementation to begin by July 1, 2005.

Simultaneously, the central office staff began working with Cabinet leadership and their respective agency staff to develop the First Steps program requirements and how they could be incorporated into existing Cabinet functions. These meetings included review of such items as budget, personnel, regulations, provider enrollment, services, billings and payments.

The staff also met with other state agencies to continue those partnerships and to facilitate the transition regarding their role with First Steps. These activities included meeting with the Kentucky Department of Education (DOE) to discuss co-funded projects, aligning policy, and procedure for transitioning children from First Steps to the DOE mandated preschool services for children with disabilities. Additionally, meetings occurred with partners to work on a system to support needed services to our low-incident populations (children who are Deaf/Hard of Hearing or Blind).

ACH has been requested to provide updates on the progress of the transition to State Representative Tom Burch. Dr. Davis has met with him on two occasions to review our progress, explain the redesign process including the guiding principles, and plans to address the regulations that guide the First Steps program. Cabinet briefings with Undersecretary Birdwhistell and Commissioner Leach occurred to keep them informed of our activities.

Budget:

Revenue FY03	Exp FY03
SGF $10.83M	$ 38.10M
Tob $ 1.00M	
Fed $ 5.56M	
MC $16.77M	
Fm $ .33M	
Other $ .03M	
Total $34.52M	

Revenue and expenditures show a budget overrun of $3.58M. Transfer of other funds from the CCSHCN and the CHFS were required to balance the budget.

To balance the First Steps budget and maintain continue support for this program policy changes are being recommended, see attachment.

Next Steps: The staff of the First Steps Program will continue to work with CHFS representatives, the ICC and the policy and provider workgroup to carry out the transition and redesign plan recommendations. Appropriate persons have been identified and work dates with deliverables will be established. Continued program status briefings with Undersecretary Birdwhistell, Commissioner Leach and Representative Burch will be scheduled.

Conclusion: The First Steps Program is of vital importance to the children and families of Kentucky. The First Steps Program has a long history of service to thousands of Kentucky's children with developmental disabilities. Historically, it has been difficult to meet the 3 guiding principles adopted by the workgroup. Simply put, the forecast for services and funding was exceeded by the actual demand thus a readjustment of the system is needed.

The policy and provider workgroup has adopted the guiding principles and put together a redesigned First Steps Program that will meet each of these principles. This will place the program on a "solid foundation", build on successes of the past, and assure continuation of the program well into the future.

First Steps

Transition Plan and Redesign Recommendations

Summer 2004

Immediate	Status
Do a Statewide alert posted to the Web Site to let the public know the status of First Steps.	GTO and Dr. Davis Draft Done with Doc D
Clarify the use of Criterion Reference Assessments to avoid inappropriate practices (Reg. Change).	GTO and Anne S -Done in TA Update 4-07-04
Clarify allowable use of Students providing First Steps services.	Dr. Davis, GTO and Anne S Done in TA Update 4-07-04
Clarify allowable use of Paraprofessionals in the delivery of First Steps services (Reg. Change).	GTO and Anne S Done in TA Update

	4-07-04
Clarify 1998 Individualized Family Service Plan (IFSP) Form to be used in the field (Reg. Change).	GTO and Anne S –Done in TA Update 4-07-04
Move the Program Evaluation Staff from under current supervision at CCSHCN to DPH.	GTO Done 3-17-04
Eliminate "Face to Face" Amendment Meetings to reduce the cost of changing the IFSP (Reg. Change)	GTO and Anne S – Done in TA Update 4-14-04
Clarify Eligibility for Established Risk Children to prevent further delay and increased costs to First Steps (Reg. Change).	GTO and Anne S - Done in TA Update 4-14-04
Stop Primary Service Coordinators (PSC) monthly calls to families for financial case management to reduce cost of PSC and to promote family independence (Reg. Change).	GTO and Anne S Done in TA Update 4-14-04
Develop Communication System to ensure that the field has up-to-date policies, procedures, and regulations.	All, Sarah W and Connie Coovert - Web; GTO asked CCSHCN to get all providers Email addresses; Jack P checking with IT
Short Term (effective 7/01/04)	**Status**
Implement screening tool/process for Initial Service Coordinators (ISC) to ensure appropriate referral for Evaluation (Reg. Change).	Work Group formed to write regulation changes to be filed by July 1, 2004.
Implement consistent case load ratio across the Point of Entry's (POE). National average 1:15.	Work Group formed to write regulation changes to be filed by July 1, 2004.
Allow Primary Level Evaluation (PLE) to refer for a Record Review prior to an Intensive Level Evaluation (ILE) to reduce the costs of ILE for either eligibility or service recommendations. Recommendation: Record Reviews performed by one entity that has Developmental Pediatrician and therapist in area of concern.	Work Group formed to write regulation changes to be filed by July 1, 2004.
Allow ILE to be done by a single discipline if ILE Team determines that will meet child's need. Establish rate. ($)	Work Group formed to write regulation changes to be filed by July 1, 2004.
Determine policy/regulation for appropriately serving Established Risk children in order to prevent further delay.	Work Group formed to write regulation changes to be filed by July 1, 2004.
Consider piloting new PLE system to start in '06 in one or two areas to ensure smooth transition statewide.	Work Group formed to write regulation changes to be filed by July 1, 2004.
Clarify that initial assessments should be only in area of concern.	Work Group formed to write regulation changes to be filed by July 1, 2004.
Train on new IFSP by 12/31/04. Implement new IFSP by 1/1/05.	Work Group formed to write regulation changes to be filed by July 1, 2004.
Limit the IFSP meeting to one hour (4 units) of billable time per team member. Recommendation: Develop guidelines to help streamline meetings.	Work Group formed to write regulation changes to be filed by July 1, 2004.

Allowable service: (in a six mo block) 96 units when child has one discipline and 144 units when more than one discipline is involved (based on 24 wks, an average 1.5 hr per wk), excludes PSC, collateral and assessment units (Reg. Change).	Work Group formed to write regulation changes to be filed by July 1, 2004.
Limit PSC time to 10 hours per 6 months instead of 15 hours per 6 months. Develop system for exceptions (Reg. Change).	Work Group formed to write regulation changes to be filed by July 1, 2004.
No individual therapy when that discipline is provided in the group setting (Reg. Change).	Work Group formed to write regulation changes to be filed by July 1, 2004.
Clarify that providers cannot bill separately for two children (siblings) when doing services together.	Work Group formed to write regulation changes to be filed by July 1, 2004.
Complete review of AT services.	Work Group formed to write regulation changes to be filed by July 1, 2004.
Change District Early Intervention Committee (DEIC) financial support under the University contracts.	Work Group formed to write regulation changes to be filed by July 1, 2004.
The database of providers will be accessible to all First Steps staff and families.	Work Group formed to write regulation changes to be filed by July 1, 2004.
To assure qualified staff serves First Steps children, establish the final date for Developmental Interventionists (DI) to have their IECE teaching certificate.	Work Group formed to write regulation changes to be filed by July 1, 2004.
Long Term (effective 7/01/05)	**Status**
Complete review of the POE grants and fee for service system.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
ISCs & PSCs set fee per child vs. fee per service.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Review possibility of combining ISC/PSC. Review possibility of combining PLE/Initial Assessment.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Determine if the use of clinical judgment to determine eligibility will be used to help ensure eligible children are identified without additional costs.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Revise Annual Evaluations for Established Risk and Developmental Delay continued eligibility. Recommendations: Replace with a measurement of progress through the state's new assessment process/tools. Require each service discipline do assessment annually & report findings at each IFSP. Limit number of days prior to 3rd birthday when an annual evaluation not necessary (Reg. Change).	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Merge the Title V and Part C contracts with NICU's for PLE and ILE and explore how to utilize this Grant System vs. Fee for Service.	First Steps Transition Work Group will reconvene in early July to begin work on regulation changes.

Have PLE's come under supervision, i.e. University Teams (TAT).	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Limit IFSP amendments to specific reasons for three months after initial IFSP. Develop system for exceptions (Reg. Change).	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Have PSCs under an umbrella of supervision and having authority to finalize IFSP decisions.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Link with new state child assessment system to utilize what already exists so that First Steps will be able to transition children more easily between systems.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Link with new Federal regulations for child and family outcomes to better meet the Office of Special Education federal requirements.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Utilize Private Insurance; improve entire Private Insurance process.	First Steps Transition Work Group will reconvene in early July to begin work.
Study Family Share amount to determine its ability to generate revenue; define procedures, i.e. per child or per family, then streamline billing and collections.	First Steps Transition Work Group will reconvene in early July to work on.
Explore provider enrollment, billing, and payments in a more integrated, already established system.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Review CBIS billing and payment as it relates to Medicaid vs. non-Medicaid patients.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Allow the use of consultative services to lower direct services and stay within capped number 0f units (Reg Change).	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Revisit Group Services	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Establish record retention and housing policies for the official child education record.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Update and publish the policy and procedures manual on the WEB where providers can download.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Charge fee for Training to cover cost of training.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Re-evaluate Medicaid Cost Settlement.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Explore Medicaid paying for transportation for service coordination as they do in other programs serving persons with disabilities.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Research data on reimbursement rates.	First Steps Transition Work Group will reconvene in early July to begin work on changes.

Define role of Interpreters and process for payments.	First Steps Transition Work Group will reconvene in early July to begin work on changes.
Clarify role of Social Worker in First Steps to stop duplication of PSC and Social Work activities.	First Steps Transition Work Group will reconvene in early July to begin work.

CHILD FIND SYSTEM

Cluster Area II: Comprehensive Public Awareness and Child Find System

State Goal: The implementation of a comprehensive and coordinated Child Find system results in the identification of all eligible infants and toddlers.

Probe CC I: Is the percentage of eligible infants and toddlers with disabilities that are receiving Part C services comparable to State and national data for the percentage of infants and toddlers with developmental delays?

Performance Indicator: The percentage of eligible children and toddlers with disabilities that are receiving Part C services are comparable to State and national data for the percentage of infants and toddlers with developmental delays.

Baseline/Trend Data:

See Attached:

Table AH1 (attachment CC.I 1)

Monthly POE Report (attachment CC.I 2)

Targets: The previous administration did not include specific targets in their FFY02 Annual Performance Report for this reporting period.

Explanation of Progress or Slippage:

Kentucky's trend has been to be above the national averages for identifying and providing services for infants and toddlers with developmental delays. For this reporting period that trend continues as can been see in the attached Table AH1, Kentucky provides services to 2.37 % of its population compared to 2.24% for the "50 states and D.C." population.

Kentucky's Point of Entry (POE) system is organized into fifteen (15) districts that cover the state. Any district with a population density of over one hundred people per square mile is considered urban. There are three (3) districts that are considered to be urban: Bluegrass, KIPDA and Northern Kentucky. The twelve (12) rural districts are: Barren River, Big Sandy, Buffalo Trace, Cumberland Valley, FIVCO, Gateway, Green River, Kentucky River, Lake Cumberland, Lincoln Trail, Pennyrile, and Purchase. The POE offices are staffed with Developmental Interventionist(s) and/or Nurse(s) service coordinators to address both developmental delay and medical needs. The POE service coordinators specialize in intake, assessment and evaluation coordination. POE staffs are also responsible for coordinating all child-find efforts. All of their duties are specified in Kentucky regulation "911 KAR 2:110. Kentucky Early Intervention Program point of entry."

The design of our Point of Entry System staffing is based on a two-year analysis of referral patterns. Point of Entry (POE) offices are staffed based on a national recommendation of 1 staff person per 15 new referrals per month. In addition, the POE staff by regulation (911 KAR 2:110 Section 1 (2) "shall coordinate child find efforts with other state and federal programs serving this population, including maternal and child health programs, early and periodic screening, diagnosis, and treatment programs, Head Start, Supplemental Security Income Program, and programs authorized through the developmental disabilities assistance and Bill of Rights Act". Further in the same regulation Section 1(3), "The POE staff shall develop a child-find activity plan to be constructed in each district that includes: (a) Completing a minimum of two (2) face-to-face contacts per month to potential referral sources in the district to explain First Steps services."

Both number of referrals per month and the required child-find activities are included in a POE report filed monthly. This new report form was developed in February 2004. Report data from 3/04 until 6/04 was not consistently and completely transferred from the previous administration, making meaningful reports or data analysis for this APR reporting period unreliable at this time. POE report design can be seen in Attachment CC.I 2. The fact that Kentucky's data is not available for this APR reporting period does not seem to be of critical importance at this time as Kentucky is exceeding national averages with regard to data for child find and service delivery. However, Kentucky will continue to collect this data and report it in future APR documents.

With regard to child find, each of Kentucky's service districts, by statute (KAR 200.662), has a District Early Intervention Committee (DEIC). Each has from fifteen (15) to twenty-five (25) members of whom at least five (5) are parents, at least five (5) are early intervention service providers and at least one representative from each of the following: the local health department, the local office of the Department for Community Based Services, the local community mental health and mental retardation center, and the local Commission for Handicapped Children (in Kentucky this agency is called The Commission for Children With Special Health Care Needs). Other DEIC members may include representatives from: a child day-care facility, a public school, a provider of medical services, a provider of therapy services, a home health agency, a university or college, a family resource center, a local business, a local charity, or others deemed appropriate. All of the members of each DEIC and the agencies they represent collaborate with the Point of Entry on child find activities – they make referrals, share information about First Steps with their contacts and as a DEIC assist in the development of a district child find activities plan. Child find activities are reported by the Point of Entry monthly to the local DEIC and to the administration on the aforementioned POE report (see Attachment CC.1 2)

First Steps administration meets quarterly with Point of Entry staff. Activities at quarterly meetings include helping to identify primary referral sources to include in future Child Find activities. It is also a time for training, sharing ideas and identifying areas for improvement.

Projected Targets:

1. Kentucky will continue to monitor data to make sure we meet or exceed national targets.

Future Activities	Timelines	Resources
Kentucky will continue to collect data from Point of Entry reports and will use analysis of that data to review staffing patterns at Point of Entry sites, monitor for required child find activities and identify possible opportunities for improvement in meeting the 45 day time line for IFSP completion	July 2004 and ongoing	Point of Entry Staff
A policy agreement with the Kentucky Department of Community Based Services (DCBS) will be enacted to establish the referral process from DCBS to First Steps as required by the CAPTA amendment of the Disability and Education Act. This is a potential new referral pool that may increase Kentucky's identification rates.	August 2004	Point of Entry staff and local DCBS staff.

Design a new Point of Entry report format and train the POE and Technical Assistance Staff on the new form that will begin collecting data about the screening process and CAPTA referrals.	June 2005	POE Staff and administrative staff

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Probe CC II: Is the percentage of eligible infants with disabilities under the age of one that are receiving Part C services comparable with State and national data?

Performance Indicator: The percentage of eligible infants with disabilities under the age of one that are receiving Part C services are comparable with State and national data.

Baseline/Trend Data:

See Attached:

Table AH1 (attachment CC.I 1)

In the response letter to Kentucky's March 31, 2004 submission of its FFY 2002 APR, OSEP asked that the state provide data on the number and source of referrals in rural areas, including the number of referrals from neo-natal follow-up programs.

The total number of neo-natal follow up referrals to First Steps for FY 2003 is as follows:

Number of referrals from University of Kentucky Neo-natal Follow up 40

Number of referrals from University of Louisville Neo-natal Follow up 21

(Note: The referrals from the neo-natal follow-up programs were reported state-wide. They were not reported to First Steps segregated by urban/rural.)

Data concerning the number and source of referrals in rural areas would be found on the monthly POE reports. The Point of Entry report was not developed until February 2004 with implementation in March 2004. Data that was available for rural referrals and sources of referrals is from March 2004 through June 2004 and is as follows:

RURAL DISTRICT NUMBER OF REFERRALS

Barren River 118

Big Sandy 81

Buffalo Trace 33

Cumberland Valley 137

FIVCO 64

Gateway 60

Green River 123

Kentucky River 92

Lake Cumberland 92

Lincoln Trail 157

Pennyrile 86

Purchase 167

Referral Sources for rural areas for that same time period were reported as follows: parents, family members, grandparents, foster parents, physicians, physician assistants, hospitals, Child Evaluation center, health departments, nurses, nurse practitioners, daycare staff, Primary Service Coordinators, Commission for Children with Special Health Care Needs, University of Kentucky Neo-Natal Follow up, University of Louisville Neo-Natal Follow up, Speech-Language Pathologists, Audiologists, Developmental Interventionists, Physical Therapists, Occupational Therapists, Social Services, Psychologists, Head Start program, Early Head Start Program, HANDS program, University of Kentucky Genetics, preschools, Teacher of the Visually Impaired, comprehensive care center, teachers and other point of entry staff.

Targets: No target done by last administration

Explanation of Progress or Slippage:

Most of the children who are referred prior to age 1 are those with Established Risk conditions. During this reporting period, the previous administration had a regulation in place that required Established Risk Children to exhibit delay in order to get therapeutic intervention services (911 KAR 2:120 Section1 (5)(b)2a). Those children could be enrolled with Service Coordination services only; however, many families chose not to enroll if they were not going to be eligible for therapeutic intervention services. When the program transferred to the Department for Public Health on July 1, 2004 that regulation was eliminated in emergency regulation filed on July 1, 2004. The emergency regulation became a final ordinary regulation in January of 2005. Kentucky expects that elimination of that barrier to therapeutic intervention services will improve our under age 1 enrollment numbers in future years.

Projected Targets:

1. The elimination of the regulation that required Established Rick children to exhibit delay will improve Kentucky's numbers of enrolled children under age one (1).
2. The contracts with the state neo-natal follow-up programs are also an important referral source for children under the age of one (1) and will improve Kentucky's number of enrolled children under age one (1)

Future Activities	Timelines	Resources
Kentucky will continue to contract with both University of Kentucky and University of Louisville Neo-natal Follow-up programs to continue to target children under the age of one with developmental delays.	July 2004	University of Kentucky and University of Louisville Neo-natology Follow-up Programs and administrative stall
Kentucky will continue to collect and analyze data from our Point of Entry reports to track referral trends.	July 1, 2004 – June 30, 2005 and ongoing	Point of Entry Staff and Administrative Staff

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Attachment CC.I 1

Table AH1

Number and Percentage (Based on 2003 Population Estimates)

of Infants and Toddlers Receiving Early Intervention Services,

December 1, 2003

STATE	0-1	1-2	2-3	BIRTH THROUGH 2 TOTAL	POPULATION	PERCENTAGE OF POPULATION
ALABAMA	216	730	1,207	2,153	179,557	1.20
ALASKA	90	219	332	641	29,588	2.17
ARIZONA	491	1,266	1,968	3,725	267,139	1.39
ARKANSAS	260	846	1,666	2,772	112,886	2.46
CALIFORNIA	5,562	9,275	12,659	27,496	1,564,154	1.76
COLORADO	444	1,034	1,670	3,148	201,711	1.56
CONNECTICUT	419	1,088	2,194	3,701	125,072	2.96
DELAWARE	192	315	448	955	32,881	2.90
DISTRICT OF COLUMBIA	24	75	152	251	22,234	1.13
FLORIDA	2,219	4,525	7,975	14,719	644,833	2.28
GEORGIA	690	1,571	2,579	4,840	407,295	1.19
HAWAII	1,386	1,395	1,397	4,178	54,256	7.70
IDAHO	272	457	761	1,490	61,149	2.44
ILLINOIS	1,675	4,055	7,410	13,140	542,634	2.42
INDIANA	1,585	3,002	4,683	9,270	256,084	3.62
IOWA	323	684	1,129	2,136	109,492	1.95
KANSAS	413	805	1,531	2,749	114,498	2.40
KENTUCKY	320	1,214	2,352	3,886	163,880	2.37
LOUISIANA	460	1,088	1,950	3,498	199,678	1.75
MAINE	98	304	703	1,105	39,831	2.77
MARYLAND	763	1,851	3,160	5,774	222,035	2.60
MASSACHUSETTS	2,391	4,569	7,447	14,407	243,241	5.92
MICHIGAN	1,320	2,631	4,259	8,210	385,835	2.13
MINNESOTA	472	1,027	2,003	3,502	196,886	1.78
MISSISSIPPI	1,062	631	282	1,975	129,200	1.53
MISSOURI	465	1,067	1,891	3,423	226,097	1.51
MONTANA	131	219	278	628	32,261	1.95
NEBRASKA	176	374	710	1,260	74,108	1.70
NEVADA	113	346	471	930	98,798	0.94
NEW HAMPSHIRE	155	329	662	1,146	43,959	2.61
NEW JERSEY	688	2,382	5,021	8,091	343,154	2.36
NEW MEXICO	455	804	1,068	2,327	80,568	2.89
NEW YORK	2,640	9,500	20,886	33,026	746,410	4.42

NORTH CAROLINA	735	1,938	3,284	5,957	359,233	1.66
NORTH DAKOTA	86	166	224	476	22,381	2.13
OHIO	1,233	2,641	4,230	8,104	446,806	1.81
OKLAHOMA	652	1,222	1,474	3,348	149,495	2.24
OREGON	184	591	1,063	1,838	133,203	1.38
PENNSYLVANIA	2,009	4,000	6,420	12,429	422,550	2.94
PUERTO RICO	187	749	1,550	2,486	.	.
RHODE ISLAND	227	372	683	1,282	36,822	3.48
SOUTH CAROLINA	284	570	885	1,739	168,010	1.04
SOUTH DAKOTA	70	270	490	830	31,183	2.66
TENNESSEE	552	1,386	2,277	4,215	233,187	1.81
TEXAS	2,654	6,436	11,145	20,235	1,119,161	1.81
UTAH	341	734	1,307	2,382	141,350	1.69
VERMONT	64	171	387	622	18,161	3.42
VIRGINIA	579	1,561	2,064	4,204	299,461	1.40
WASHINGTON	349	1,133	2,145	3,627	232,643	1.56
WEST VIRGINIA	325	581	761	1,667	61,008	2.73
WISCONSIN	607	1,554	3,256	5,417	203,426	2.66
WYOMING	100	214	358	672	18,826	3.57
AMERICAN SAMOA	8	10	13	31	.	.
GUAM	42	50	49	141	.	.
NORTHERN MARIANAS	6	10	24	40	.	.
VIRGIN ISLANDS	48	62	50	160	.	.
U.S. AND OUTLYING AREAS	39,312	86,099	147,043	272,454	.	.
50 STATES AND D.C.	39,021	85,218	145,357	269,596	12,048,310	2.24

Please see data notes for an explanation of individual state differences.

Population estimates are from the Population Estimates Program, U.S. Census Bureau, Population Division.

Estimates are for July 1, 2003, released October 2004.

Data based on the December 1, 2003 count, updated as of July 31, 2004.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Attachment CC.I 2

Monthly POE Report (Rev. 2-04)

Submit electronically by the 10th of the month following reporting period to:

Department for Publid Health/ACHI/Early childhood Development/First Steps Section

Ann.Swinford@ky.gov

District name:	**Agency name:**
Report for the month of:	**Date completed:**

Name of person completing form:	**E-mail address of person completing form:**

Previous month information	**Current month activity**
Number of cases carried over from last month:	Number of inquiries* received:
Number of cases pending initial home visits:	Number of new referrals** (new/re-activated cases) received:
	Number of cases closed:
Number of cases exceeding 45 days during reporting period:	Number of cases not eligible:
Child/family/state guardian unavailable:	Number of cases not interested/refused service:
Delay in receiving PLE report:	Number of cases unable to contact:
Delay in receiving assessment report:	Number of cases transferred to PSC (IFSP completed):
Delay in receiving medical information:	Number of cases transitioned:
Provider scheduling difficulties (synchronizing calendars):	Number of cases moved/transferred out of district:
Record review:	Other/explain:
Provider shortage:	
Needed disciplines:	Total month-end active case load:
Other/explain:	
Total number of children eligible by PLE or Established Risk since beginning of current fiscal year (July 1):	
Total number of IFSP's conducted since the beginning of current fiscal year (July 1):	

* Inquiry means an exchange of information concerning children birth to 3 years of age and does not result in a case being opened.

**Referral means a case is reopened/opened.

District name:	**Agency name:**
Report for the month of:	**Date completed:**

Number of referrals received during reporting period by county			
Number of referrals by county			
County name	Number of referrals	County name	Number of referrals

Number of referrals received during reporting period by age			
Age	Number of referrals	Age	Number of referrals
Birth-6 months:		7 months-12 months:	
13 months-18months:		19 months-24 months:	
25 months-30 months:		31 months-36 months:	

District name:	**Agency name:**
Report for the month of:	**Date report completed:**

Sources of referrals received during reporting period:

Name of referring source (example: John Doe)	Type of referring source (example: physician)	Number of referrals made (example: 1)	Name of referring source (example: John Doe)	Type of referring source (example: physician)	Number of referrals made (example: 1)

District name:	**Agency name:**
Report for the month of:	**Date completed:**

Child Find Activities conducted during reporting period	

Provider shortages during reporting period

Discipline	County(ies)	Discipline	County(ies)

Service provider changes during reporting period							
		Add/				Add/	

Name	Discipline	Delete	Contract Information	Name	Discipline	Delete	Contract Information

FAMILY CENTERED SERVICES

Cluster Area CIII: Family Centered Services

State Goal: Early intervention services increase the family's capacity to enhance their child's outcomes.

Probe: None

Performance Indicator: IFSPs include necessary family supports and services

Baseline/Trend Data:

See Attached:

CBIS Data: Children receiving Therapeutic Services (attachment

FC 1)

CBIS Data: Children receiving Therapeutic Services/PSC (attachment FC 2)

Program Monitoring information (attachment FC 3)

7 counties POE customer survey results (attachment FC 4 & 5)

7 counties PSC customer survey results (attachment FC 6)

7 counties PSC customer survey comments (attachment FC 7)

Parent Survey from EKU (attachment FC 8)

Targets: The previous administration did not include specific targets in their FFY 02 Annual Performance Report for this reporting period.

Explain Slippage/Progress:

Kentucky utilizes a statewide central billing and information system called Central Billing and Information System (CBIS). This system collects services authorized on the child's IFSP and tracks the billing of those services against the authorized IFSP. The chart labeled "Percent of Children Receiving Therapeutic Services by Discipline" chart (attachment FC 1) shows both urban and rural levels of utilization of the services authorized on the IFSP. This chart shows that children did receive therapeutic services with Service Coordination and Speech topping out at the most service provided. This chart also shows that children from both rural and urban maintained the same level of utilization for each discipline listed, therefore showing that the levels of need for those disciplines were about the same and the availability in both areas are consistent. This chart is not clear on why a higher percentage of services were not utilized, but information revealed during program reviews indicate that services were not provided due to child sickness, parent cancellation, in climate weather, and provider sickness or vacation. Providers are required to document reasons a service was not provided according to the IFSP. There is also evidence through program reviews and provider inquiries to CBIS, of incorrect documents being sent to CBIS regarding collection of the information on service changes or the discontinuance of a service. The chart (attachment FC 2) labeled "Children Receiving therapeutic Services/PSC" shows the child to provider ratio in both the rural and urban setting. In the urban areas, we typically see a 1:10 therapist ratio and at least 1:5 in the rural areas. Ratios for Primary Service Coordinator indicate 21:1 for urban area and 13:1 for rural areas. Kentucky allows Service Coordinators to have up to fifty (50) children on their caseloads with ten (10) of those near transition, but does not dictate therapeutic caseloads. This chart shows that, based on provider/child ratios there are adequate providers in both urban and rural areas to meet the needs for identified services on the IFSP.

Kentucky has a statewide monitoring process to review each enrolled provider for non-compliance. In the reporting period, Kentucky monitored ninety (90) providers (attachment FC 3) and conducted forty (40) follow up visits to confirm they were following their Action Plan to meet compliance. Of those 90 providers reviewed, 32 providers were initially cited for not completing the assessment process within the ten (10) working days of the referral. No provider continued this non-compliance at his or her follow-up review. The IFSP Team utilizes these assessments and other reports to determine the needed services and service levels on the IFSP. This timeframe is enforced and set into regulation. The data collected during this review period showed about a third of the providers not meeting this regulation, therefore suggesting their ability to plan the IFSP could be hindered.

A random sample survey of families from our most urban area (attachment FC 4 & 5) going through the central point of entry system shows that, for at least two (2) quarters during the reporting period, 100% of the families reported that their services were related to their concerns and that the IFSP was based on their priorities. The families surveyed once they left the program (attachment FC 6) reported that they felt that the IFSP was based on their family priorities, 82% strongly agree and 18% agree. Finally, the document "PSC Customer Satisfaction Comments" (attachment FC 7) shows a sample of comments from the survey done in this one district once the child leaves the program. This district uses this information to make program adjustments to better meet the needs of the families in their area.

A random sample survey of families from our most rural area (attachment FC 8) reported that 90% of families felt that they were part of the IFSP team; 75% of their providers were keeping scheduled visits; and 100% of families were satisfied with the First Steps program.

Projected Targets:

1. Kentucky will continue to collect utilization data with more emphasis on documenting the reasons services are not performed.
2. Kentucky will continue to collect provider/child ratios.
3. Kentucky will continue to monitor for the completion and sending of assessments within the regulated time frames.

Future Activities	Timelines	Resources
Kentucky will use the monitoring process to document and track the rates and reasons for under utilization.	July 1, 2006	Program Evaluation Staff and Coordinator
Kentucky will adopt the NCSEAM parent survey once it is available.	Within 3 months of availability	Parent Consultants, Point of Entry staff and Primary Service Coordinators.
Kentucky will establish a parent orientation for new First Steps families.	March 2005	Technical Assistance Teams, Statewide Training Coordinator and Point of Entry staff.
Kentucky will include on its IFSP, documentation where families will 'rate' the progress of outcomes; as well as rank their priorities to show their concerns.	January 2005	Technical Assistance Teams, University of Kentucky Faculty, ICC members and Service Coordinators
Kentucky will require that providers include documentation on their six (6) month IFSP progress report that includes comments on the child and family progress, how they assessed that progress, and how they use those assessments to arrive at new or changing IFSP recommendations.	January 2005	Technical Assistance Teams and providers.
Kentucky will require service providers to document that the Consultative model is utilized during service delivery therefore increasing the parents role to implement activities during the family's routine.	January 2005	Technical assistance teams, monitoring, and parent/provider trainings.

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ATTACHMENTS

Chart FC 1 - Percent of Children Receiveing Therapeutic Services by Discipline

Chart FC 2 - Children Receiveing therapeutic Services/PSC

Chart FC 3 - Monitoring Data for Assessments July 1, 2003 to June 30, 2004

Chart FC 4 - First Steps POE Customer Satisfaction Survey, July-September, 2003

Chart FC 5 - First Steps POE Customer Satisfaction Survey, January-March 2004

Chart FC 6 - Customer Service Survey, April-June 2004

Chart FC 7 - PSC Customer Satisfaction Comments

Chart FC 8 - Parent Satisfaction Survey Questions

EARLY CHILDHOOD TRANSITION

Cluster Area CV: Early Childhood Transition

State Goal: All children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday.

Probe: None

Performance Indicator: All children receive transition planning.

Baseline/Trend Data:

See Attached:

CBIS Data: Children exiting in FY04 (attachment T 1)

Program Monitoring Report/Transition (attachment T 2)

Targets: The previous administration did not include specific targets in their FFY02 Annual Performance Report for this reporting period.

Explanation of Progress or Slippage:

Kentucky initiated a new Discharge form on October 1, 2003 to collect data on disposition of children at discharge. Primary Service Coordinators complete the form upon a child's discharge from Part C. The data from October 1, 2003 to June 30, 2004 is reported in Attachment T – 1. This baseline data represents exiting information on 3,160 children. While we are not able to comment on progress or slippage with this baseline data, we do find that only 12% of those

children exited with Part B eligibility not determined. Only 2% exited as not eligible for Part B with no other referrals. Seventy percent (70%) exited having met developmental norms or were placed in Part B or another program. The remaining 16% were deceased, withdrawn from the program by parent, moved out of state or the family could not be contacted.

In the response letter to Kentucky's March 31, 2004 submission of its FFY 2002 APR, OSEP asked that the state submit "data to explain the reason the majority of children exiting Part C do so with eligibility not determined, and strategies to resolve any data discrepancies, and provide updated monitoring data on compliance with the Part C 90-day transition conference and LEA notification requirements at 34 CFR 303.148 (b)(1) and (2)." Our part-year data shown above shows that a majority of children exiting Part C (70%) have met developmental norms or were placed in Part B or another program. A minority of Kentucky's children (12%) exited with Part B eligibility not determined. This may be due to parents' indecision about accessing Part B services, inopportunity for parents to meet with Part B due to illness or other family issues, or inaccurate coding on the data collection form by the Primary Service Coordinator. Our strategy to resolve the data discrepancy was to institute a new Discharge Form on October 1, 2003 to more accurately collect data. Kentucky also continues to monitor providers to assure compliance with regulations requiring transition planning for children and families.

Regarding the updated monitoring data that OSEP requested on compliance with the Part C 90-day transition conference, Attachment T – 2 shows that 90 providers were monitored for compliance with Kentucky regulations regarding Transition. During the monitoring process, the Program Evaluator checks to assure that all components of the IFSP/Transition Meeting were completed and documented. Eighteen providers were cited as being out of compliance at the review. At the follow-up visit all of those 18 providers were found to have corrected the non-compliance.

With regard to LEA notification requirements, Kentucky Part C currently sends a quarterly non-identifying list of children who may be eligible for Part B services upon their third birthday to each appropriate local school district. This non-identifying list assigns a number to each child that does not change and follows the child if he/she moves. This allows local districts to "track" children as they approach their third birthday. The list gives the child's gender, the month and year the child will turn 3 and the services that the child and family currently receive. The purpose of the non-identifying list is to help the district anticipate the needs of children whose parents have not released their children's information. If/when the parents agree to release their child's information, it is given to the appropriate district. This system has not proven to be very effective and for that reason, Kentucky applied for and has received a GSEG addressing Transition. It is further described in the "Future Activities" section of this cluster.

Kentucky Part C and Part B also contract with the Kentucky Early Childhood Transition Project (KECTP) at the University of Kentucky. They provide statewide trainings, technical assistance and product development to both Part C and Part B with regard to early childhood transition. They have been instrumental in facilitating Interagency Transition Agreements between Part C providers and 172 of Kentucky's 176 local education agencies. These agreements outline the roles and responsibilities of all agencies providing services for children and families transitioning into any preschool setting. These Transition Agreements specify timelines, roles and responsibilities with regard to LEA notification requirements as well. Transition Agreements are updated annually by the regional District Early Intervention Councils (DEIC) and posted on the KETCTP website (www.ihdi.uky.edu/kectp).

Projected Targets:

1. Kentucky will continue to collect discharge data to assure that transition needs are met.
2. Kentucky will continue to monitor providers to assure compliance with regulations regarding transition.

Future Activities	Timelines	Resources
The Interdisciplinary Human Development Institute at the University of Kentucky, in partnership with the Kentucky Department of Education, the Department for Public Health in the Cabinet for Health and Family Services, the Urban Studies Institute at the University of Louisville, and United Partners in Kentucky (a coalition of organizations promoting parental involvement in education) were awarded a General Supervision Enhancement Grant (GSEG) in order to improve services to children and students with disabilities. The grant has three (3) focus areas. One of those focus areas is Transition from Part C to Part B. Smoother transitions for young children between Part C and Part B are a high priority of Kentucky at this time. The goal of this initiative is to develop the infrastructure necessary to accurately measure the percentage of all children eligible for Part B services who receive special education and related services by their third birthday. The GSEG project will address the development of a coordinated data management system that supports the transition process. Currently in Kentucky, this transition is dependent on the extent to which Part C Primary Service Coordinators provide families with information about available Part B services, inform the school districts of potential students, and report on successful transitions via the Central Billing and Information System (CBIS – the Part C data system). In addition, since Part B and Part C do not share common student identifiers, it is	October 2006	GSEG Grant partners.

difficult to evaluate how well the state has performed in improving the transition success of children between Part C and Part B. Once the work of the GSEG project is complete and recommendations are made, Kentucky's Part C plans to implement those recommendations. With the ability to track the specific number and percentage of children with successful transitions, we will have much more reliable data from which to make decisions. This will also allow for more detailed analysis of the effect of early childhood programs on future student performance.		
Kentucky will continue to monitor all providers regarding all areas or transition, however with special emphasis on ensuring that all components of the Transition Planning IFSP are present.	July 2004 through June 2005 and on-going	Program Evaluation Staff.

ATTACHMENTS

Attachment T 1 - Children Exiting in FY04

Attachment T 2 - Monitoring Report

Cluster Area CL: General Supervision

State Goal: The Lead Agency has instruments and procedures to identify and correct IDEA non-compliances in a timely manner.

Probe GS I: Do the general supervision instruments and procedures used by the LA, identify and correct IDEA noncompliance in a timely manner?

Performance Indicator: Kentucky's general supervision instruments and procedures identify and correct IDEA noncompliance in a timely manner.

Baseline/Trend Data:

See Attachment:

Part C Attachment 1

Part C Attachment 2

Monitoring Process Reports (Attachment GS1-3)

Service Coordinator Quarterly Meeting (Attachment GS1-4)

Provider Trends (Attachment GS1-5)

Provider Reviews (Attachment GS1-6)

Targets: The previous administration did not include specific targets in their FFY 02 Annual Performance Report for this reporting period.

Explanation of Progress and Slippage:

Kentucky administration, Department for Public Health (DPH), contracts with the seven state Universities to employ (7) seven regional teams, called Technical Assistance Teams or TATs, to carry out the functions and procedures regarding identifying and correcting non-compliance. These TATs have a (3) three-person team designed to provide training, technical assistance to families as they request and to all providers; as well as to monitor all providers every other year. The process starts with the Program Evaluator whose role is to visit each provider, review children's records, review their billing documents and to observe their practice. Once the Program Evaluator has visited the provider and conducted an exit conference to briefly review their findings, they send a written report (Attachment GS 1-3) to the Program Evaluation Coordinator in central office who reviews the report and forwards it to the provider within (2) two weeks of the on-site visit. This process is called the Program Review. This report lists the findings by both non-compliance issues and lack of best practice issues. The provider must respond to that report in writing with an Action Plan (Attachment GS1-3) within 21 working days of receiving the Program Review Report. This Action Plan must give the details of how that provider will come into compliance on the identified issues. Once that Action Plan is accepted by the Administration, the Program Evaluator will do a follow-up visit (Attachment GS 1-3) within (6) six months, or sooner depending on the issues, to review

that the Action Plan is in effect. The Lead Agency will work closely with a provider to get them to successfully complete a program review. However, the ultimate sanction for not completing their review successfully is the termination of their provider contract.

Each Program Review Report completed by the Program Evaluator is sent to the other (2) Team members, the Parent and Program Consultant, whose responsibility is to review the areas and make either training changes or technical assistance activities to help the provider to improve in the area of non-compliance. In addition, when they see a trend in their region where same or similar areas of non-compliance are occurring, then they are charged with training the entire region on the appropriate ways to ensure compliance in those areas.

The TAT has mandatory quarterly meetings with Service Coordinators (Attachment GS1-4) to address several issues, one of which is the findings of recent Program Reviews.

The complete Program Review process and reports are filed in the Central Office and overseen by the Program Evaluation Coordinator. It is this person's responsibility to review all Reports and approve all Action Plans. This staff person is also responsible for looking for trends (Attachment GS 1-5) in areas of non-compliance and brining those trends to the attention of the Lead Agency. Attachment five (5) is an example of how the former administration collected and tracked Program Reviews and Trends. Due to the Administration change and the fact that the staff person over this process did not move with that change, we are not able to interpret this chart that was collected during this reporting period. Kentucky is committed to keeping and tracking this data, therefore the new Program Evaluation Coordinator will design and collect the data requested in the APR letter, page 4 second paragraph. Meanwhile, Kentucky collected the data outlined in Attachment GS1-6 for the reporting period to show a sampling of what we intend to collect for future reports.

Once those trends are identified, the Lead Agency either requests that the statewide Training Coordinator revise existing training to ensure that those areas are clear and stressed in the mandatory provider trainings or request that a specific training be developed to address the trend then shared with each TAT to be carried out in their region. It may also be that the Lead Agency sees the issue with the way the regulation or Policy/Procedure is written, so the Lead Agency may have to re-write the respective directive. Then the Lead Agency provides training and information to the TAT to have them alert their providers of the new language. Therefore, there is a three prong approach to identifying and correcting non-compliance: on-site monitoring and follow-up; revised training and technical assistance at both the regional and state level; and actual regulatory or Policy change.

Finally, Kentucky's Interagency Coordinating Council (ICC) solicits input from the public in two ways: District Early Intervention (DEIC) input and public comment. The DEIC is a local ICC. Kentucky has fifteen (15) DEIC's that provide advise and guidance to the fifteen (15) Point of Entry offices in regards to input on their Policy and Practices, child find, provider recruitment and local transition guidelines; as well as overall program input. The ICC invites one DEIC to attend it's bi-monthly meeting to report on the activities and issues in their District. DEIC's are encouraged to always attend the ICC meetings, however these are targeted DEIC's asked to provide a formal report. The DIEC chair and a parent representative usually attend and gives the report. This allows an opportunity for the ICC to learn about that particular area and have open discussion with them about what is working well and what is not working well in their District. This is another way for the Lead Agency to learn about issues and to make programmatic changes as necessary.

The ICC also has a standing agenda item where anyone that wants to can give Public Comment. This invitation is a standing invitation on the Web Site, so any one interested can ask to be on the agenda or just show up on the day of the meeting and sign up to speak. This has not been very well utilized in the past, however, they intend on keeping this part of the agenda and hope with more publicity it will become more popular and another place for both the ICC and Lead Agency to become aware of Part C issues.

In summary, Kentucky feels that is has a good system in place to monitor providers, identify areas of non-compliance and lack of best practice, and a system to address those identified areas at both the local and state levels. Where Kentucky needs to improve is in the area of actually collecting and tracking the data, showing the direct relation to specific non-compliances being identified and addressed by either training, technical assistance or language changes in policy. Part of this issue is the instability of the Lead Agency and it's administration of the program. We acknowledge that two major changes in oversight in (3) years have taken its toll. With the program now being housed with other Early Childhood programs and the sense that this will be the final administration change; as well as finally being able to hire much needed staff, including the Program Evaluation Coordinator and Statewide Training Coordinator, and housing them in the same office, will only improve the communication and collaboration needed to carry out the designed monitoring system in Kentucky.

Projected Targets:

1. Kentucky will continue to do regular monitoring and program reviews.
2. Kentucky will design and institute a data collection tracking system to collect information on program reviews done, findings tracked and results of findings at both the state and local level.

Future Activities	Timelines	Resources
Design and collect Program Review data by number and provider type, findings made by provider, Action Plan needed, data submitted to support compliance, timelines for correcting non-compliance, barriers to reaching compliance and actions as a result of Program Monitoring both at the state and local level.	December 2005	TA Teams and Program Evaluation Coordinator.
Institute Quarterly Reviews by Lead Agency to ensure timelines are met by the Program Evaluators, documentation is up to date on Program Reviews and Non-compliances are addressed.	July 2005	Program Evaluation Coordinator, Program Evaluators and Part C Coordinator

GS PROBE 1 ATTACHMENTS

Attachments GS1-1 and GS1-2

GS1-1: Dispute Resolution

GS1-2: All Sources of Funding for Early Intervention Services

Attachment GS1-3: Program Review Process

(This attachment may be obtained upon request from the Part C Coordinator, Germaine O'Connell, Department of Public Health, First Steps, 275 E. Main St., HS2WC, Frankfort, KY 40621).

Attachment GS1-4: Service Quarterly Attendance

Attachment GS1-5: Example of Former Administrations Method of Collecting and Tracking Program Review and Trends

(This attachment may be obtained upon request from the Part C Coordinator, Germaine O'Connell, Department of Public Health, First Steps, 275 E. Main St., HS2WC, Frankfort, KY 40621).

Attachment GS1-6: Sample Program Reviews Citations by Provider

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Probe GS II: Are systemic issues identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and hearing resolutions?

Performance Indicator: Systemic issues are identified and remediated through the analysis of findings from all available sources including monitoring, mediations and Due Process hearings.

Baseline/Trend Data:

See Attached:

Part C Table 1 (Attachment GS2-1)

Targets: The previous administration did not include specific targets in their FFY 02 Annual Performance Report for this reporting period.

Explanation of Progress and Slippage:

As reported in the previous probe, Kentucky employs (7) seven regional teams, called Technical Assistance Teams or TATs, to carry out the functions and procedures regarding identifying and correcting non-compliance. The member of that team responsible for the monitoring functions is called the Program Evaluator. As previously described, these Program Evaluators monitor the providers for compliance. They share the collected information with both state and local staff to use when designing training or providing technical assistance activities. Kentucky needs to do a better job of tracking when and how the information shared with the local staff was used to promote compliance. In addition, Kentucky needs to have documentation to show the lines of communication between the state level staff when using the collected data to design training, make policy decisions and change regulations.

As identified in Attachment GS2-1, Kentucky had no Mediation or Due Process Hearings during this reporting period. The new Administration is not aware of any Mediations or Due Process Hearings since the inception of the program. If Kentucky were to have either process filed, the findings from that Mediation or Due Process will be shared with the state and local staff to incorporate the findings as appropriate in training materials and policy language.

In summary, Kentucky feels that it has a good system in place to monitor providers, identify areas of non-compliance and lack of best practice, and a system to address those identified areas at both the local and state levels. Where Kentucky needs to improve is in the area of actually collecting and tracking the data, showing the direct relation to specific non-compliances being identified and addressed by either training, technical assistance or language changes in policy. Part of this issue is the instability of the Lead Agency and it's administration of the program. We acknowledge that two major changes in oversight in (3) years have taken its toll. With the program now being housed with other Early Childhood programs and the sense that this will be the final administration change; as well as finally being able to hire much needed staff, including the Program Evaluation Coordinator and Statewide Training Coordinator, and housing them in the same office, will only improve the communication and collaboration needed to carry out the designed monitoring system in Kentucky.

Projected Targets:

1. **To track and collect 100% of the data from monitoring visits, follow-up visits, complaints, Mediations and Due Process Hearing to track areas identified as non-compliance, action taken at both regional and state level to remediate areas identified and to report these findings quarterly to Lead Agency and Interagency Coordinating Council.**

Future Activities	Timelines	Resources
Hire Program Evaluation Coordinator	January 2005	Lead Agency
Coordinate all Policy and Procedure changes through the Program Evaluation Coordinator.	February 2005	Lead Agency
Design a plan to collect data and analyze on a quarterly basis and report to Lead Agency and ICC.	July 2006	Program Evaluation Coordinator
Design a report to collect training and technical assistance activities related to specific non-compliances sited.	July 2006	State Training Coordinator and TA Teams
Revisit the Monitoring process and timelines.	April 2005	Program Evaluators and Coordinator

GS PROBE 2 ATTACHMENT

Attachment GS2-1: Dispute Resolution

Probe GS III: Are complaint investigations, mediations and due process hearings and reviews completed in a timely manner?

Performance Indicator: Complaints, Mediations and Due Process hearings will be conducted in a timely manner.

Baseline/Trend Data:

See Attached:

Family Rights Handbook (Attachment GS3-1)

Statement of Assurances (Attachment GS3-2)

Complaint Form (GS3-3)

Part C Table 1 (GS3-4)

Complaint Table (GS3-5)

Targets: The previous administration did not include specific targets in their FFY 02 Annual Performance Report for this reporting period.

Explanation of Progress and Slippage:

The second function the TAT Teams carry out is the formal complaint process. Each new family is given the "Family Rights Handbook" (Attachment GS3-1) upon entry into the program. This Handbook outlines their rights and describes the various ways that a family can file a complaint, Mediation or Due Process. Then at each IFSP meeting, the family is again given a summary of those rights (attachment GS3-2), which includes how to file a complaint, Mediation or Due Process. As required, families may go immediately to Mediation or Due Process. However, Kentucky also has a system in place where families can call any TAT Team member and register a formal complaint. Once the team member receives the complaint, they send it to the Program Evaluator if they are not that person. The Program Evaluator must respond to the complaint by gathering initial information on the Complaint form and send it to the Program Evaluation Coordinator within (48) forty-eight hours. The Program Evaluator may investigate each complaint in a variety of methods according to the nature of the complaint. The investigation can include phone interviews with providers and parents, on-site visits or review of requested documents. If the complaint is unsubstantiated, the Complaint form (attachment GS3-3) is finalized and sent to the Lead Agency with the reason that the complaint was unsubstantiated. If the investigation indicates substantiated findings, a Program Review will be completed, as described in Probe GS I and II, a report will be written and sent to the Lead Agency following this program review. Depending on those findings, an Action Plan could be required. In either situation, the person filing the complaint is contacted and told that the complaint had been investigated and if appropriate, the result of the investigation.

Kentucky strives to complete all complaint investigations within sixty (60) days from receipt of complaint. Kentucky takes complaints from families either by phone or in writing. Kentucky will also take a written complaint from a provider. Usually these complaints are in regards to another provider who they believe is non-compliant. At described on both Attachment GS3-4 and 5, Kentucky received 25 complaints. All except one was resolved within the sixty (60) days. One complaint was pending at the end of this reporting period. The one complaint not completed within the required timeline is the result of the previous administration not addressing issue, so with the change in administration, the issue was pursued, now in litigation and the provider contract has been terminated.

Kentucky feels that the providers have a very clear understanding of how to file a complaint. Where we feel that there needs to be some education is with our families. We do give them several documents at various times to describe the process, however, feel that more can be done.

Kentucky utilizes the Cabinet for Health and Family Service Hearing Branch for any Mediation and Due Process request. As outlined in the "Family Rights Handbook", a family may complete the appropriate form in the Handbook for either Mediation or Due Process, send it directly to the Hearings Branch and that will start the Mediation or Due Process hearing process. The family does not have to contact any one locally or at the state level to start this process. The are certainly told upon entry that they may ask anyone in the First Steps system to help them complete the forms, however, Kentucky intentionally designed them to be simple and clear so a family could start the process at any time they felt it necessary. Once that form is received the process starts a follows:

Mediation:

The Hearings Branch Coordinator sends a copy of the request for Mediation to the Part C Coordinator with twenty-four (24) hours of receipt of request.

The Hearings Branch sets up a Mediation date and assigns a Mediator within five (5) working days of receipt of request.

The Hearings Branch conducts the Mediation and sends written report within thirty (30) days of receipt of request.

Due Process Hearings:

The Hearings Branch Coordinator sends a copy of the request for Due Process to the Part C Coordinator within twenty-four (24) hours of receipt of request.

The Hearings Branch sets up a Due Process Hearing date and assigns a Hearing Officer.

The Hearing Officer conducts the hearing and sends the written report within forty-five (45) days of the receipt of request for Due Process.

As long as Kentucky had participated in the Part C program, this Administration is not aware of any requests for Due Process. Kentucky prides itself on having its Lead Agency staff available to any family or provider who needs assistance,

has questions, or needs issues resolved. The Lead Agency feels that having regional Program Evaluators that are part of those communities responding to their complaints and the fact that the Lead Agency includes them on the findings, leads the First Steps community to trust that issues will be addressed and resolved timely, therefore cutting down the number of Mediations or Due Processes filed.

In summary, Kentucky feels that it has a good system in place to monitor providers, identify areas of non-compliance and lack of best practice, and a system to address those identified areas at both the local and state levels. Where Kentucky needs to improve is in the area of actually collecting and tracking the data, showing the direct relation to specific non-compliances being identified and addressed by either training, technical assistance or language changes in policy. Part of this issue is the instability of the Lead Agency and it's administration of the program. We acknowledge that two major changes in oversight in (3) years have taken its toll. With the program now being housed with other Early Childhood programs and the sense that this will be the final administration change; as well as finally being able to hire much needed staff, including the Program Evaluation Coordinator and Statewide Training Coordinator, and housing them in the same office, will only improve the communication and collaboration needed to carry out the designed monitoring system in Kentucky.

Projected Targets:

1. **To continue to monitor and investigate complaints.**
2. **To continue to provide education on the complaint, mediation and Due Process procedures.**

Future Activities	Timelines	Resources
Revisit the complaint process and timelines.	June 2005	TA Teams, Program Evaluation Coordinator, District Early Intervention Committees
Revisit the Family Rights Handbook to clarify language in regards to filing complaints.	January 2005	Lead Agency and State office for Protection and Advocacy.
Design a training for families to understand all phases of Part C including the complaint, mediation and due process procedures.	March 2005	Parent Consultants, State Training Coordinator and Point of Entry staff.

GS PROBE 3 ATTACHMENTS

Attachment GS3-1: Family Rights Handbook

Attachment GS3-2: Statement of Assurances

Attachment GS3-3: Complaint Form

Attachment GS3-4: Part C Table 1

Attachment GS3-5: Complaint Table

Probe GS IV: Are there sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families?

Performance Indicator: There are sufficient numbers of providers and administrators to meet the identified early intervention needs of all eligible infants and toddlers and their families.

Baseline/Trend Data:

See Attachments:

Focused Recruitment Report (attachment GS4-1)

Child to Provider Ratio Chart (attachment GS4-2)

2003 December 1 Count Table 4 (attachment GS4-3)

CSPD Report (attachment GS4-4)

Targets: The previous administration did not include specific targets in their FFY 02 Annual Performance Report for this reporting period.

Explanation of Progress and Slippage:

The former Administration instituted the Focused Recruitment process. This process is to ensure that provider types needed are sent to areas of need and to reduce a potential glut of providers in those areas already saturated with specific provider types. This Administration will continue Focused Recruitment (attachment GS4-1). This process allows providers to visit the First Steps web site and see where specific types of providers are needed and helps prevent a few areas from being saturated with one type of provider. This is also a tool for the Pre-Service entities as they prepare future providers for service. They not only have accurate information as to where jobs are located, but have a tool to help design their future course offerings and need for specific disciplines in our state.

The FFY 02 Annual Performance Report included data regarding the ratio of children to provider type in both urban and rural settings. The Part C Data Manager did not produce those charts for the 02 report. Kentucky's Data Manager has tried to replicate those charts but cannot. In the Child to Provider Ration chart (attachment GS4-2), this is baseline data for reference in future Annual Performance Reports. As noted in another cluster, the data indicates that there are enough providers statewide to carry out the on-going intervention services for children and their families. However, there seems to be a need to ensure that there are appropriate levels of staffing at the Intake or Point of Entry level in order to meet the 45-day timeline for initial IFSP development. Kentucky will address this in FFY 04.

In addition, Table 4 of the 2003 December 1 Count, compared to the same table in 2002 offers that there had been a significant decrease in Occupational Therapy, Physical Therapy, Speech Therapy and Developmental Instruction. This administration cannot fully explain the decline in amount of services in those areas from 2002 to 2003. However, we are aware that the former administration had a regulation, that has since been rescinded, that would only provide direct intervention in a particular discipline if the child showed at least a one (1) standard deviation delay in that area. We know from antidotal information that this directly affected those children with Established Risk conditions as they had to show a delay before a service could be provided. We feel that this may have contributed to the decrease particularly in therapy services. The one area with marked increase in services are those services for children with visual impairments. Again, we cannot predict why but only can speculate that the ongoing contract Kentucky has with its vision specialists, outside of the regular provider pool, helped increase the use of this service.

Due to the Administration change during the reporting period, the work toward expanding the Interdisciplinary Early Childhood Educator (IECE) practicum to allow for home-based settings has not moved forward. In Kentucky, both teachers of children birth to three and three to five have the same teaching certificate, the IECE. This is a significant gain for our state. During the adoption of this birth to five (5) certificates, there were not provisions to allow for home-based practicum to count toward the completion of that teaching certificate. Therefore, a student teacher must do their practicum in a pre-school classroom setting. This presents a problem for Kentucky as we have students who want to work and stay in the early intervention arena where the services are done in a home-based setting. Therefore, not able to get the final credit they need to finish the certification process. The Lead Agency has brought this to the attention of the Kentucky Department of Education (KDE) Professional Standards Board, the arm that approves all professional standards and certificates, for a ruling and support to use the First Steps program home-based settings for practicum. However, this work has been slowed by the change in Administration. We intend on starting this dialogue again in hopes to get this resolved in the next reporting period.

The Comprehensive System of Personnel Development (CSPD) of the ICC has presented a work plan to outline the pre- and in-service requirements for all First Steps providers (Attachment GS4-4). Again, their work was halted by the change in Administration; however, they presented their plan to the ICC in January 2005 and will proceed with their work.

Projected Targets:

1. To complete the work with the KDE Professionals Standards Board to approve home-based practicum for the completion of the IECE certificate.

2. To implement the CSPD personnel plan.

Future Activities	Timelines	Resources
The practicum for Interdisciplinary Early Childhood Education (IECE) certification will	July 2005	ICC Higher Education

allow for community-based settings and be counted toward the completion of the IECE certificate.		Member, Lead Agency and Kentucky Department for Education
The Comprehensive System of Personnel Development (CSPD) Committee of the ICC will meet to establish both pre- and In-Service requirements for First Steps Providers.	January 2005	ICC, Lead Agency, Higher Education, Training and Technical Assistance Agencies
Continue Focused Recruitment.	On-going	Web Site, TA Teams and Lead Agency
Determine a mechanism to get reports of children potentially not getting services due to lack of providers.	June 2005	Point of Entry Staff, Service Coordinators, District Early Intervention Committees, Program Evaluation Coordinator.

GS PROBE 4 ATTACHMENTS

Attachment GS4-1: Focused Recruitment Report

Attachment GS4-2: Child to Provider Ratio Chart

Attachment GS4-3: 2003 December 1 Count Table 4

Attachment GS4-4: CSPD Report

Probe GS V: Do state procedures and practices ensure collection and reporting of accurate and timely data?

Performance Indicator: State policy and procedures ensure collection and reporting of accurate and timely data.

Baseline/Trend Data:

See Attachments:

CBIS Data Collection Report (attachment GS5-1)

Monitoring Report (attachment GS5-2)

Targets: The previous administration did not include specific targets in their FFY 02 Annual Performance Report for this reporting period.

Explanation of Progress and Slippage:

Kentucky has a system of requiring that First Steps providers follow both Kentucky Revised Statutes and First Steps Policy and Procedures. There a numerous examples of Kentucky instituting procedures both in regulation and policy that ensures timely services and reporting. First Kentucky has central information and billing system (CBIS). This entity, through contract, collects all the information on the children and families, as well as all the First Steps providers enrolled to provide the early intervention services. CBIS Data Collection Report (attachment GS5-1) is an example of a statewide report that is done by Kentucky's central data system. This report can also be done at the district level to monitor and track district trends. This system not only receives the data, but also monitors it with a date stamp to follow if the regulatory timelines are met. Again the issue with using this data effectively had been the need for staff and the change in Administration.

Kentucky's regulations outline many timelines and procedures for providers to ensure that services are timely and documented adequately. The monitoring report (attachment GS5-2) gives an example of some of those regulations regarding timelines, specifically:

- Point of Entry Staff contact the family within five (5) working days of the referral.

- The Assessment Report is sent to the family and IFSP Team within ten (10) working days of the complete referral for the Assessment.

- The IFSP is sent to the IFSP Team members, including family, within ten (10) working days of the IFSP meeting.

- The Service Coordinator sends the IFSP Team a written notice, at least thirty (30) calendar days prior to the next IFSP planning meeting or review, to announce the date, time and location of the IFSP meeting.

This Monitoring Report shows that for the 90 providers monitored during this reporting period, the most often cited regulation was the Assessment getting done and sent within ten (10) working days of the referral for the Assessment. The Program Evaluators check records to see if a legitimate reason is documented as to why the timeline cannot be met. The only allowable reason is by parent choice or circumstance. On the follow-up visit, it was cited three (3) times for still non-compliance. Again, our tracking does not document the reasons, which could be very legitimate. This report is a sample of what we can do with our Monitoring System.

The past Administration had a staff assigned to coordinate the activities of all the seven (7) Program Evaluators and we feel attempted to track the monitoring activities and findings. The new administration has also hired a coordinator who will design a system for tracking all providers monitored, the areas of non-compliance, timelines to resolve those non-compliances and outcomes of training, technical assistance, policy and/or regulation changes as a result of the monitoring data collected.

Projected Target:

1. **Kentucky will design and institute a Monitoring Data Collection and Tracking System.**

Future Activities	Timelines	Resources
Hire a Program Evaluation Coordinator	January 2005	Lead Agency
Design a system of tracking specific data points from CBIS, with input from the ICC and District Early Intervention Committees (DEIC); then determine a means of sharing that information with both entities and Lead Agency.	June 2005	Program Evaluation Coordinator, Program Evaluators, ICC, DEIC
Design a system for collecting monitoring data and results of collected data.	June 2005	Program Evaluation Coordinator, Program Evaluators

GS PROBE 5 ATTACHMENTS

Attachment GS5-1: CBIS Data Collection Report

Attachment GS5-2: Monitoring Report

Cluster Area CIV: Early Intervention Services in Natural Environments

State Goal: Early intervention services in Kentucky are provided in the natural environment and meet the unique needs of eligible children.

Probe CE 1: Do all families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments?

Performance Indicator: All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.

Baseline/Trend Data:

See Attached:

POE Regulations (attachment NE 1)

CBIS Chart: 45 Day Timeline (attachment NE 2)

CBIS Chart: Children with a PSC (attachment NE 3)

CBIS Chart: Average PSC Hours per Child (attachment NE 4)

Rural Family Survey (attachment NE 5)

PSC Regulations (attachment NE 6)

IFSP Form (attachment NE 7)

Targets: The previous administration did not include specific targets in their FFY 02 Annual Performance Report for this reporting period.

Explain Slippage/Progress:

Kentucky uses a two tier Service Coordination System. All children are referred to one of the fifteen (15) District Point of Entry (POE) offices that are staffed with either a Nurse or Developmental Interventionist (certified teacher Birth to five) or a combination of the two. The staff, at the POE, are called Initial Service Coordinators (ISC) and are responsible for all child find and intake duties necessary to ensure that children are referred and that those referrals are acted upon in a timely, appropriate manner (attachment NE 1). The ISC takes the referral, arranges the Primary Level Evaluation that determines eligibility, arranges recommended assessments and facilitates the initial IFSP. The ISC also helps the family choose the second tier Service Coordinator called the Primary Service Coordinator who is responsible for all service coordination until the child exits the First Steps program. The Point of Entry offices are funded through a grant directly to the Cabinet appointed POE agency and supplemented with fee-for-service dollars for direct child/family service time. The Primary Service Coordinator is a contracted provider that receives fee-for-service reimbursement for direct child/family service time. The PSC can either be independent or be an employee in an agency that is enrolled as a PSC provider. Attached are the Point of Entry and Service Coordination Regulations that dictate all the duties and functions of Service Coordination in Kentucky (attachment NE 6). Also attached is the IFSP form (attachment NE 7) that shows how either the Initial or Primary Service Coordinator is identified on the actual form with their contact information, so the family will always have a record of their current Service Coordinator. In addition, families may change their Service Coordinator at any time. The procedures are outlined in the Regulations (attachment NE 1 & 6).

All families are assigned an ISC and offered a Primary Service Coordinator to carry out the ongoing service coordination activities. The chart labeled “Percentage of IFSP 45 days or less” (attachment NE 2) shows a slight increase this reporting year in the percent of children receiving their IFSP within 45 days. Due to our just having administration of the program since July 1, 2004, we can not explain the raise in percent or why the raise was not larger.

Kentucky’s Central Billing System reports that the average length of time from initial referral to the first Therapeutic Service (any service other than Service Coordination, Evaluation or Assessment) given to a child is 69.7 days. This is the fist year of this data, so Kentucky will use this to improve average length of first intervention service.

Kentucky children and families enrolled in the First Steps program are offered Service Coordination. The chart called “Children receiving PSC as a percentage of children receiving therapeutic services” (attachment NE 3) shows 99.7% of children receive Primary Service Coordination; with 100% in the rural area and 99.4% in the urban areas. Since our data collection system is related to billings received, we predict that the .03% that is showing up not getting Primary Service Coordination are those children who were near the third birthday early in the reporting year and were still enrolled, but did not receive any reimbursable service coordination for that short time. All children receive Initial Service Coordination because the POE is only staffed with ISC and children cannot continue through the intake process without an ISC. The chart labeled “Average hours per child PSC received” (attachment NE 4) shows that children in the First Steps program get an average of 7.6 hours per year of Primary Service Coordination. Again, it’s slightly higher in the rural areas than in the urban. We suggest that finding and connecting families to resources is more time consuming in the less populated areas.

A random sample survey of one of Kentucky’s most rural areas (attachment NE 5) shows that in that sample: 100% of the families knew their Primary Service Coordinator and that the PSC resolved their issues in a timely manner.

Projected Targets:

1. Kentucky will improve the 45-day timeline in FFY 2004 and average length of invention service from initial referral.
2. Kentucky will continue to include Service Coordination outcomes on the IFSP.
3. Kentucky will continue with POE and PSC recruitment, training and technical assistance.

Future Activities	Timelines	Resources
Kentucky will institute a staffing ration for Point of Entry offices of 1 staff to 15 new referrals per month to improve the 45-day time limit.	July 1, 2004	POE grant
Kentucky will pilot a new Intake and Evaluation system to	July 2006	District Early

improve the 45-day time limit.		Intervention Committee, Provider and Data Collection at end of Pilot
Kentucky will provide and monitor the quarterly ISC and PSC meetings in each District.	Each Quarter in FFY 2004	7 University Based Training and Technical Assistance Teams.
Kentucky will provide regular Service Coordinators training.	One per quarter	First Steps Training Coordinator and 7 University Based Training and Technical Assistance Teams

NE PROBE 1 ATTACHMENTS

Attachment NE 1: POE Regulations
Attachment NE 2: CBIS Chart: 45 Day Timeline
Attachment NE 3: CBIS Chart: Children with a PSC
Attachment NE 4: CBIS Chart: Average PSC Hours per Child
Attachcment NE 5: Rural Family Survey
Attachment NE 6: PSC Regulations
Attachment NE 7a: IFSP Form
Attachment NE 7b: IFSP Form Instructions

Probe CE II: Does the timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child?

Performance Indicator: Timely Evaluation and Assessment leads to identification of child and family needs related to enhancing the development of the child.

Baseline/Trend Data:

See Attached:

CBIS data: Assessment Hours (attachment NE CE2-1)

CBIS data: Therapy By Mean PLE (attachments NE CE 2 – 2 thru 6)

Monitoring Data (attachment Chart NE CE 2-7)

Evaluation Regulation (attachment NE CE2-8)

Assessment Regulation (attachment NE CE2-9)

Monitoring Report: RPC Identified on IFSP (attachment NE CE2-10)

Targets: The previous administration did not include specific targets in their FFY 02 Annual Performance Report for this reporting period.

Explain Slippage/Progress:

Kentucky uses a three-prong approach to Evaluation. Any child referred that meets the referral criteria and does not have an Established Risk condition, is recommended for a Primary Level Evaluation (PLE). This PLE is standardized and used to determine eligibility; as well as to help determine the level and scope of services that a child may need. Children with Established Risk conditions receive a five (5) area assessment upon referral to help determine areas of need to be addressed and level of service to be recommended. Both of these functions include family input and are used to determine the area(s) for specific assessment(s). Independent evaluators, who cannot then see the child for ongoing intervention, do these PLEs. This measure helps assure that both eligibility and program recommendations coming from the PLE is based on the child and family needs, not the providers needs or availability to provide the services. The PLE must be done in time to meet the 45-day initial IFSP timeline. The First Steps regulations state that the PLE "report shall be made available to the current IFSP team within fourteen (14) calendar days from the date the evaluator received the complete evaluation referral" (attachment NE CE2-8).

Kentucky has two additional levels of Evaluation for use in program planning. The IFSP team may choose to request a record (chart/paper) review, at any time while the child is enrolled in the Part C program, for program recommendations. This review is done by a panel of early childhood experts housed at one of our University based Intensive Evaluation Clinics. The IFSP team sends in any documentation they want reviewed and requests specific programmatic recommendations. The IFSP team has the choice to follow the recommendations or not. Traditionally, the Record Review Team makes program adjustment recommendations or suggests additional area assessments by specific disciplines for further services and interventions. This process is usually used when the IFSP team feels that the child is not making progress with current goals and activities and needs some advice from an outside panel on other strategies to incorporate into the plan for better success. Again, First Steps regulation dictates that the Record Review "report shall be made available to the current IFSP team within fourteen (14) calendar days from the date the evaluator received the complete evaluation referral" (attachment NE CE2-8).

The third type of Evaluation available to families and the IFSP team is the Intensive Level Evaluation (ILE). This ILE is used most often when a child is not eligible on the PLE, but the Primary Level Evaluator has concerns that there are delays that warrant intervention, but the PLE does not indicate the level of delay needed for eligibility. However, the ILE can also be used in the same manner as the Record Review. The IFSP team can make a referral for the child and family to be evaluated by the ILE Team for both further program recommendations or for further diagnostics, which could lead to IFSP revision. This process includes the family and child being seen at the ILE clinic (3 available across the state) and their report can include a variety of recommendations, as well as a new diagnosis. First Steps regulation states that the "report shall be made available to the current IFSP team within fourteen (14) calendar days from the date the evaluation received the complete evaluator referral" (attachment NE CE2-8). In addition, First Steps regulation also outlines the information that must be included in all three reports, so that all IFSP teams, regardless of their geographical location in the state and regardless of which Evaluator a family chooses, will receive the same information included in their report as all other teams across the state.

The data listed in charts NE CE 2-2 through 6, show the percent of children receiving specific areas of intervention based on their Primary Level Evaluation score in that area of development. One will see on NE CE 2-2, "Speech Therapy by Mean PLE Communication Score" shows that almost 80% of the children that showed an eligible score (Kentucky uses 2 standard deviations below the mean in one area or 1.5 in two or more areas for overall program eligibility) received speech therapy. An additional 75% received speech therapy when they showed a 1.5 delay in the area of Communication on their PLE. The chart labeled "Motor Therapies by Mean PLE Motor Score" (attachment NE CE 2-3) indicates about the same level of physical therapy service for children identified on the PLE as having a significant motor delay. These two services are the most often provided service on any given IFSP. This seems in line with billing reports that consistently show that our highest cost in service delivery is Speech and Physical Therapy.

The "Adaptive Therapies by Mean PLE Adaptive Score" chart (attachment NE CE2-4) indicates that almost 70% with 2 or greater standard deviation below the mean and 55% of children with 1.5 to less than 2.0 standard deviations are receiving Occupational Therapy due to an indication of low adaptive scores on the PLE. Again, this holds true in terms level of payment to the third highest used intervention discipline, Occupational Therapy.

The Social/Emotional needs identified on the PLE again is met with at least a 75% and 50% intervention rate when the score indicated a significant delay (attachment NE CE 2-5). Finally, Developmental Interventionists (teachers certified birth to five) serve almost 60% of children identified in the top two severe levels of delay identified through the PLE (attachment NE CE2-6).

Kentucky tends to have a strong therapy based program as opposed to an instructional-based program. During this reporting period, IFSP teams tended to support the use of regular therapies to do the intervention rather than using a primary service provider model which traditionally is a "teacher" doing the regular intervention with support and consultation from the therapists. Kentucky is moving toward a model of Consultation with more emphasis on instruction and less on "therapy"; so we expect to see a rise in the cognitive therapies chart for the next reporting period.

Overall, no less than one quarter of the children received intervention in a particular domain if they showed even a slight delay in that area. Most areas serviced at least 40% of children identified less than one (1) standard deviation below the mean.

Kentucky also utilizes any assessments the IFSP team recommends to plan the outcomes and activities on the IFSP. Kentucky allows not only initial assessments, that are based on the areas of delay identified on the PLE or ILE and the family's concerns, but mandates ongoing assessments to continually report progress and to help design the most appropriate IFSP. These assessments must use multi-measures and multi-sources, include the child's strengths and family's concerns, and must result in a written report. This report must be completed within ten (10) working days of a completed referral for assessment for initial assessments; and provided to the IFSP team at least ten (10) days prior to the IFSP meeting for on-going assessments (attachment NE CE2-9). Kentucky's children received an average of 3.5 hours per year of assessment (attachment NE CE 2-1). Since on-going assessment is incorporated in the on-going therapy sessions and not billed at a different rate or code, it is difficult to show the actual number of hours each child may have received getting an actual assessment. So this chart represents the average minimum a child received of Assessment.

Kentucky instituted a monitoring process where each provider is reviewed at least once every two years. The "Monitoring Report-Evaluation and Assessment" (attachment NE CE 2-7) shows that during the reporting period, ninety (90) providers were monitored; thirty-four (34) providers were cited for not using the information from either an Evaluation or Assessment to design an outcome on the IFSP. Of the thirty-four (34), none (0) were cited for that non-compliance on their follow-up visit.

On the report titled "Resources, Priorities and Concerns not identified on the IFSP" shows that three (3) providers were cited for not identifying the family's resources, priorities or concerns on the IFSP. None were cited on their follow-up visit.

Projected Targets:

1. Improve the 45-day timeline for completing the initial IFSP.

Future Activities	Timelines	Resources
Kentucky will institute a new IFSP process that will better identify and document the family's priorities and needs; as well as documenting how those priorities and needs lead to specific outcomes.	January 2005	Training and Technical Assistance through the 7 TA Teams
Kentucky will analysis the monthly POE reports to capture the data as to why the 45 day timeline can not be met and institute procedures and/or policy to improve the 45 day time line.	June 2005	POE Staff and POE Coordinator

NE PROBE 2 ATTACHMENTS

Attachment NE CE2-1: CBIS Data: Assessment Hours

Attachment NE CE2-2 thru 6: CBIS Data: Therapy By Mean PLE

- CE2-2
- CE2-3
- CE2-4
- CE2-5
- CE2-6

Attachment NE CE2-7: Monitoring Data

Attachment NE CE2-8: Evaluation Regulation

Attachment NE CE2-9: Assessment Regulation

Attachment NE CE2-10: Monitoring Report: RPC Identified on IFSP

Probe CE III: Do IFSPs include all the servives necessary to meet the identified needs of the child and family? Are all the services identified on IFSPs provided?

Performance Indicator: The IFSP identifies all the needs of the child and family and those services required to meet those needs.

Baseline/Trend Data:

See Attached:

CBIS Data: Development Chart (attachment NE CE3-1)

Family Survey (attachments NE CE3-2 thru 4)

Monitoring Report (attachment NE CE3-5)

Targets: The previous administration did not include specific targets in their FFY 02 Annual Performance Report for this reporting period.

Explain Slippage/Progress:

Kentucky trains all providers to include all services identified as needed by the child and family to be listed on the IFSP. These services should include those both paid and not paid for directly with Part C funds (both state and federal). Kentucky works closely with our sister agencies to design policy statements that are clear to the field and are shared with all parties supporting both agencies. For example, Kentucky has begun to work with Medicaid to ensure that appropriate funding sources are being used at the appropriate times and that those services are included on the IFSP, as well as coordinated by the First Steps Service Coordinator. In addition, our billing system works on an authorization process, in other words, our Central Billing and Information System (CBIS) cannot pay a bill that is submitted unless it is authorized. Services are not authorized unless they have an IFSP date submitted with that authorization, so we know that all children get an IFSP.

The chart labeled "IFSP Development vs. All Children Served" (attachment NE CE3-1) shows that 75% of children that received a service in the reporting period also had a subsequent IFSP developed during the reporting period; and that the remaining 25% had

services during the reporting period, but did not receive a subsequent IFSP. This relates that 25% of our children either exited the program for a variety of reasons or did not continue through the intake process for a variety of reasons.

As previously discussed, charts NE CE 3-2 through 4 shows a random sample of family surveys that report that at least 80% of the families report that services are linked to their concerns and 100% report that IFSP services are based on their priorities.

Of the 90 programs evaluated in the reporting period (attachment NE CE3-5), 3 providers were cited for not identifying the families Resources, Priorities or Concerns on the IFSP. No provider was cited again for this non-compliance on their follow-up visit. The provider corrected the previous non-compliance.

Projected Targets:

1. Kentucky will continue to include all services on the IFSP and to monitor the IFSP for compliance.

Future Activities	Timelines	Resources
Continue to work with our funding partners to secure additional funding and to support their activities on the IFSP.	June 2005	Cabinet Leaders
Continue to monitor utilization of services and collection of non-compliance by providers.	June 2005	CBIS and TA Program Evaluators.
Utilize Parent Survey from NCSEAM to follow parent perception of IFSP.	When available	TA Parent Consultants

NE PROBE 3 ATTACHMENTS

Attachment NE CE3-1: CBIS Data: Development Chart

Attachments NE CE3-2 thru 4: Family Survey

- CE3-2
- CE3-3
- CE3-4

Attachment NE C3-5: Monitoring Report

Probe CE IV: Are children receiving services primarily in Natural Environments? If not, do children have IFSPs that justify why services are not provided in natural environments?

Performance Indicator: Services are provided in the child's natural environment or there is documentation explaining why the service cannot be provided in the natural environment.

Baseline/Trend Data:

See Attached:

CBIS Data: Data Tables from Dec 1, 2003 report (attachment NE CE4-1)

CBIS Data: Service Coordinators Hours Per Child (attachment NE CE4-2)

Monitoring Report (NE CE4-3)

Natural Environments Position Statement (attachment NE CE4-4)

Targets: The previous administration did not include specific targets in their FFY 02 Annual Performance Report for this reporting period.

Explain Slippage/Progress:

Kentucky has always provided most of its Part C services in the child's natural environment, the home or in the child's child-care center (attachment NE CE4-4). The 2003 December 1 Count (attachment NE CE4-1) shows that of the 3,903 children enrolled on December 1, 3,676 have services provided in the location where the child was located either the home or child care center, almost 94%. The remaining children received their services in the service provider location. In other words, the child and family went to the

provider for their service. This is either because the family chose a provider that did not do home-based services or the more rural areas do not have the resources available to provide home services so the only available providers are those housed in a facility based program. Kentucky would choose not to provide the service in these environments, but the alternative is no service at all.

The document labeled "Proportion of Primary Service Coordination provided in the Home/Community Setting" (attachment NE CE4-2) 48% of the Primary Service Coordinators provided at least half of their service coordination services face-to-face with the child and family/care taker. The remaining service coordination time was done from their office by phone, for example linking them to services, discussing the child's plan with other service providers, etc.

Service Coordinators are required to ensure that the IFSP reflects any reason why a service or outcome cannot be done in the natural environment. They are required to document this on the IFSP on each outcome that cannot be done in the natural environment. They are taught this in their five (5) day Service Coordinator's training, as well as each provider getting the same training in their one (1) day Provider Orientation Training.

Kentucky's monitoring system reviewed 90 providers (attachment NE CE4-3) during the reporting period. Of those reviewed, 16 providers were cited for not documenting the justification for not providing service in the natural environment. The one provider that continued to be cited after a follow-up monitoring visit, will be re-visited in the next reporting period to ensure future compliance.

Projected Targets:

1. Kentucky will provide all services in the natural environment, however, if the service cannot meet the needs of the child in the natural environment, the justification will be documented in the IFSP.

Future Activities	Timelines	Resources
Institute a new regulation that all center-based group providers must adhere to Kentucky Child Care Licensure and to have a child ration of 50% typical children to children with developmental disabilities.	July 2005	TA Teams and existing Center-based programs
Include more instruction on IFSP regarding justification documentation	January 2005	TA Teams and Service Coordinator Training.
Complete a survey of existing programs that do not meet the Natural Environments criteria to determine barriers to meeting those requirements to start a plan of correction.	June 2005	TA Teams

NE PROBE 4 ATTACHMENTS

Attachment NE CE4-1: CBIS Data: Data Tables from Dec. 1, 2003 report

Attachment NE CE4-2: CBIS Data: Service Coordinators Hours Per Child

Attachment NE CE4-3: Monitoring Report

Attachment NE CE4-4: Natural Environments Position Statement

Probe: CE V: What percentage of children, participating in the Part C program, demonstrates improved and sustained functional abilities?

Performance Indicator: Children in the Part C program demonstrate improved and sustained functional abilities.

Baseline/Trend Data:

See Progress and Slippage section.

Targets: The previous administration did not include specific targets in their FFY 02 Annual Performance Report for this reporting period.

Explain Slippage/Progress:

During the reporting year, Kentucky instituted an annual evaluation, called Primary Level Evaluation (PLE), to be done on all children to determine the need for continued services and to determine level of progress. The analysis of PLE Scores is inconclusive. This is

because the use of standard deviation PLE scores was instituted January 1, 2003 as part of a newly required annual evaluation. It took a few months for all Service Coordinators to be brought on board as to the mandatory nature of the report of the information. And early scores showed inconsistent use and reporting of the data (e.g., standard deviations of -7.0 and -8.0 which is impossible). Further, many children were reported to be exactly -2.33 in all five-skill areas, which is a highly unlikely result. In addition, some Service Coordinators sent different data for the same PLE date. So training was a big issue in the implementation of these scores. By

January 1, 2004 when some of the annual reviews should have started repeating and giving time 2 scores, the program was in turmoil, and news was just around the corner that the department overseeing IDEA Part C would be moving. The new department eventually discontinued the requirement for annual eligibility evaluations for all children, but the move to stop reporting standard deviation scores on such evaluations seemed to be already underway by service coordinators. As of January 21, 2005 CBIS only had 13 children with recorded Time 1 and Time 2 PLE scores to analyze where the score was obtained any time prior to July 1, 2004 (the time period of this APR). This number is far too few for a significant analysis of any kind, so these data are presented here only as anecdotal evidence:

Mean number of days between Time 1 and Time 2: 291 days

COMMUNICATION: Slight overall improvement in standard deviation scores noted. (average difference .19)
MOTOR: Negligible overall improvement in standard deviation scores noted. (average difference .04)
ADAPTIVE: Slight overall decrease in standard deviation scores noted. (average difference -.12)
EMOTIONAL: Slight overall decrease in standard deviation scores noted. (average difference -.10)
COGNITIVE: Overall Improvement in standard deviation scores noted. (average difference .48)

Although no conclusions can be drawn from only 13 children it shows an attempt to initiate regulations to obtain information showing improved and sustained progress in children's functional abilities. Regulations that went into effect during the next reporting period will require progress scores on every outcome at each IFSP. These scores will be determined by the IFSP team including the family and reported to CBIS for data collection.

As noted on previous Probes, the family survey showed that the families felt that their child was making progress.

Projected Targets:

1. All children participating in the Part C program will show improved abilities.

Future Activities	Timelines	Resources
First Steps will require that all six (6) month progress reports include assessment progress data.	January 2005	Service Coordinators, TA Teams.
First Steps will require that all IFSP's include a progress scale for child outcomes that will be determined by the family and recorded in the Central Data system, so Kentucky will have data for the next reporting period.	January 2005	Service Coordinators, CBIS and TA Teams.

Cluster Area CV: Early Childhood Transition

State Goal: All children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday.

Probe: None

Performance Indicator: All children receive transition planning.

Baseline/Trend Data:

See Attached:

CBIS Data: Children exiting in FY04 (attachment T 1)

Program Monitoring Report/Transition (attachment T 2)

Targets: The previous administration did not include specific targets in their FFY02 Annual Performance Report for this reporting period.

Explanation of Progress or Slippage:

Kentucky initiated a new Discharge form on October 1, 2003 to collect data on disposition of children at discharge. Primary Service Coordinators complete the form upon a child's discharge from Part C. The data from October 1, 2003 to June 30, 2004 is reported in Attachment T – 1. This baseline data represents exiting information on 3,160 children. While we are not able to comment on progress or slippage with this baseline data, we do find that only 12% of those children exited with Part B eligibility not determined. Only 2% exited as not eligible for Part B with no other referrals. Seventy percent (70%) exited having met developmental norms or were placed in Part B or another program. The remaining 16% were deceased, withdrawn from the program by parent, moved out of state or the family could not be contacted.

In the response letter to Kentucky's March 31, 2004 submission of its FFY 2002 APR, OSEP asked that the state submit "data to explain the reason the majority of children exiting Part C do so with eligibility not determined, and strategies to resolve any data discrepancies, and provide updated monitoring data on compliance with the Part C 90-day transition conference and LEA notification requirements at 34 CFR 303.148 (b)(1) and (2)." Our part-year data shown above shows that a majority of children exiting Part C (70%) have met developmental norms or were placed in Part B or another program. A minority of Kentucky's children (12%) exited with Part B eligibility not determined. This may be due to parents' indecision about accessing Part B services, inopportunity for parents to meet with Part B due to illness or other family issues, or inaccurate coding on the data collection form by the Primary Service Coordinator. Our strategy to resolve the data discrepancy was to institute a new Discharge Form on October 1, 2003 to more accurately collect data. Kentucky also continues to monitor providers to assure compliance with regulations requiring transition planning for children and families.

Regarding the updated monitoring data that OSEP requested on compliance with the Part C 90-day transition conference, Attachment T – 2 shows that 90 providers were monitored for compliance with Kentucky regulations regarding Transition. During the monitoring process, the Program Evaluator checks to assure that all components of the IFSP/Transition Meeting were completed and documented. Eighteen providers were cited as being out of compliance at the review. At the follow-up visit all of those 18 providers were found to have corrected the non-compliance.

With regard to LEA notification requirements, Kentucky Part C currently sends a quarterly non-identifying list of children who may be eligible for Part B services upon their third birthday to each appropriate local school district. This non-identifying list assigns a number to each child that does not change and follows the child if he/she moves. This allows local districts to "track" children as they approach their third birthday. The list gives the child's gender, the month and year the child will turn 3 and the services that the child and family currently receive. The purpose of the non-identifying list is to help the district anticipate the needs of children whose parents have not released their children's information. If/when the parents agree to release their child's information, it is given to the appropriate district. This system has not proven to be very effective and for that reason, Kentucky applied for and has received a GSEG addressing Transition. It is further described in the "Future Activities" section of this cluster.

Kentucky Part C and Part B also contract with the Kentucky Early Childhood Transition Project (KECTP) at the University of Kentucky. They provide statewide trainings, technical assistance and product development to both Part C and Part B with regard to early childhood transition. They have been instrumental in facilitating Interagency Transition Agreements between Part C providers and 172 of Kentucky's 176 local education agencies. These agreements outline the roles and responsibilities of all agencies providing services for children and families transitioning into any preschool setting. These Transition Agreements specify timelines, roles and responsibilities with regard to LEA notification requirements as well. Transition Agreements are updated annually by the regional District Early Intervention Councils (DEIC) and posted on the KETCTP website (www.ihdi.uky.edu/kectp).

Projected Targets:

1. Kentucky will continue to collect discharge data to assure that transition needs are met.
2. Kentucky will continue to monitor providers to assure compliance with regulations regarding transition.

Future Activities	Timelines	Resources
The Interdisciplinary Human Development Institute at the University of Kentucky, in partnership with the Kentucky Department of Education, the Department for Public Health in the Cabinet for Health and Family Services, the Urban Studies Institute at the University of Louisville, and United Partners in Kentucky (a coalition of organizations promoting parental involvement in education) were awarded a General Supervision Enhancement Grant (GSEG) in order to improve services to children and students with disabilities. The grant has three (3) focus areas. One of those focus areas is Transition from Part C to Part B. Smoother transitions for young children between Part C and Part B are a high priority of Kentucky at this time. The goal of this initiative is to develop the infrastructure necessary to accurately measure the percentage of all children eligible for Part B services who receive special education and related services by their third birthday. The GSEG project will address the development of a coordinated data management system that supports the transition process. Currently in Kentucky, this transition is dependent on the extent to which Part C Primary Service Coordinators provide families with information about available Part B services, inform the school districts of potential students, and report on successful transitions via the Central Billing and Information System (CBIS – the Part C data system). In addition, since Part B and Part C do not share common student identifiers, it is difficult to evaluate how well the state has performed in improving the transition success of children between Part C and Part B. Once the work of the GSEG project is complete and recommendations are made, Kentucky's Part C plans to implement those recommendations. With the ability to track the specific number and percentage of children with successful transitions, we will have much more reliable data from which to make decisions. This will also allow for more detailed analysis of the effect of early childhood programs on future student performance.	October 2006	GSEG Grant partners.
Kentucky will continue to monitor all providers regarding all areas or transition, however with special emphasis on ensuring that all components of the Transition Planning IFSP are present.	July 2004 through June 2005 and on-going	Program Evaluation Staff.

EARLY CHILDHOOD TRANSITION ATTACHMENTS

Attachment T 1: CBIS Data: Children Exiting in FY04

Attachment T 2: Program Monitoring Report/Transition

Last Updated 5/16/2005